



Offix Credit Card Authorization

Company Name: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Card Type: Visa MasterCard American Express Debit Card

Credit Card Number: _____

Expiration Date: _____ CCV / Security Code: _____

Amount to be charged: \$ _____

Signature* _____

Date _____

***As the credit card holder, I hereby authorize Offix to charge my credit card for the amount listed above. I agree to the additional 3% processing fee that applies to all Visa and MasterCard credit card charges, and 3.5% processing fee that applies to all American Express credit card charges.**

Note: Offix imposes a surcharge on the transaction amount of credit card purchases, which is not greater than Offix's cost of acceptance. Offix does not surcharge debit cards.

Initial _____

Optional: As the card holder, I also authorize Offix to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until _____ / _____

For service payments, please fax to 804.269.5225.

For all other payments, please fax to 703.530.8728.

How would you like your receipt supplied? Email Fax Mail

13525 Wellington Center Circle, Suite 107 | Gainesville, VA 20155

8004 Staples Mill Road | Richmond, VA 23228

5505 Robin Hood Road, Suite 1 | Norfolk, VA 23513

Toll Free: 866.943.8677 | Fax: 703.530.8728

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